



DEMOLITION PERMIT APPLICATION

APPLICANT'S NAME: _____

MAILING ADDRESS: _____
PO BOX/STREET CITY STATE ZIP

PHONE # H-_____ W-_____

OWNER'S NAME: _____

MAILING ADDRESS: _____
PO BOX/STREET CITY STATE ZIP

PHONE # H-_____ W-_____

CONTRACTOR'S NAME: _____

MAILING ADDRESS: _____
POBOX/STREET CITY STATE ZIP

PHONE #: _____ AZ CONTR. LIC. #: _____ CLASS _____

JOB SITE LOCATION: (*GIVE AT LEAST ONE OF THREE)

*STREET ADDRESS: _____

*SUBDIVISION, LOT, BLOCK, OR SECTION: _____

*PARCEL ID # (I.E.- 104-XX-XXX) _____

DATE SIGNATURE